

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

ALAMEDA COUNTY TREASURER

1221 OAK STREET

OAKLAND CA

94612

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.03852360

Gross Claim	\$	950,938.23
Net Claim / Payment Amount	\$	950,938.23
YTD Amount:	\$	5,261,050.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00016119

Gross Claim	\$	3,978.90
Net Claim / Payment Amount	\$	3,978.90
YTD Amount:	\$	22,013.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00077496

<u>Gross Claim</u>	\$	19,129.55
<u>Net Claim / Payment Amount</u>	\$	19,129.55
YTD Amount:	\$	105,833.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00672734

Gross Claim	\$	166,061.45
Net Claim / Payment Amount	\$	166,061.45
YTD Amount:	\$	918,732.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00095797

<u>Gross Claim</u>	\$	23,647.07
<u>Net Claim / Payment Amount</u>	\$	23,647.07
YTD Amount:	\$	130,827.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00058968

Gross Claim	\$	14,555.99
Net Claim / Payment Amount	\$	14,555.99
YTD Amount:	\$	80,529.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.02183858

Gross Claim	\$	539,075.80
Net Claim / Payment Amount	\$	539,075.80
YTD Amount:	\$	2,982,428.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

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County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00098364

Gross Claim	\$	24,280.72
Net Claim / Payment Amount	\$	24,280.72
YTD Amount:	\$	134,333.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

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Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00283836

Gross Claim	\$	70,063.68
Net Claim / Payment Amount	\$	70,063.68
YTD Amount:	\$	387,626.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
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Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.03642102

<u>Gross Claim</u>	\$	899,036.96
<u>Net Claim / Payment Amount</u>	\$	899,036.96
YTD Amount:	\$	4,973,907.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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GLENN COUNTY TREASURER

P O BOX 151

WILLOWS CA

95988

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00082006

<u>Gross Claim</u>	\$	20,242.82
<u>Net Claim / Payment Amount</u>	\$	20,242.82
YTD Amount:	\$	111,993.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

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Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00441686

<u>Gross Claim</u>	\$	109,028.26
<u>Net Claim / Payment Amount</u>	\$	109,028.26
YTD Amount:	\$	603,197.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

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County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00644967

Gross Claim	\$	159,207.28
Net Claim / Payment Amount	\$	159,207.28
YTD Amount:	\$	880,811.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00097896

Gross Claim	\$	24,165.20
Net Claim / Payment Amount	\$	24,165.20
YTD Amount:	\$	133,693.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.02387410

Gross Claim	\$	589,321.72
Net Claim / Payment Amount	\$	589,321.72
YTD Amount:	\$	3,260,412.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00350579

Gross Claim	\$	86,538.89
Net Claim / Payment Amount	\$	86,538.89
YTD Amount:	\$	478,775.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00203207

Gross Claim	\$	50,160.76
Net Claim / Payment Amount	\$	50,160.76
YTD Amount:	\$	277,513.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
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LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00095319

Gross Claim	\$	23,529.08
Net Claim / Payment Amount	\$	23,529.08
YTD Amount:	\$	130,174.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.27139352

Gross Claim	\$	6,699,230.42
Net Claim / Payment Amount	\$	6,699,230.42
YTD Amount:	\$	37,063,384.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00412013

Gross Claim	\$	101,703.61
Net Claim / Payment Amount	\$	101,703.61
YTD Amount:	\$	562,673.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00851162

<u>Gross Claim</u>	\$	210,105.62
<u>Net Claim / Payment Amount</u>	\$	210,105.62
YTD Amount:	\$	1,162,405.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00059512

Gross Claim	\$	14,690.28
Net Claim / Payment Amount	\$	14,690.28
YTD Amount:	\$	81,273.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

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Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00276052

<u>Gross Claim</u>	\$	68,142.23
<u>Net Claim / Payment Amount</u>	\$	68,142.23
YTD Amount:	\$	376,995.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00862921

Gross Claim	\$	213,008.28
Net Claim / Payment Amount	\$	213,008.28
YTD Amount:	\$	1,178,465.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00044867

Gross Claim	\$	11,075.22
Net Claim / Payment Amount	\$	11,075.22
YTD Amount:	\$	61,273.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00040774

<u>Gross Claim</u>	\$	10,064.88
<u>Net Claim / Payment Amount</u>	\$	10,064.88
YTD Amount:	\$	55,683.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00831094

<u>Gross Claim</u>	\$	205,151.92
<u>Net Claim / Payment Amount</u>	\$	205,151.92
YTD Amount:	\$	1,134,999.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00443501

Gross Claim	\$	109,476.28
Net Claim / Payment Amount	\$	109,476.28
YTD Amount:	\$	605,675.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00191240

Gross Claim	\$	47,206.76
Net Claim / Payment Amount	\$	47,206.76
YTD Amount:	\$	261,170.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.06287898

Gross Claim	\$	1,552,140.14
Net Claim / Payment Amount	\$	1,552,140.14
YTD Amount:	\$	8,587,189.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00423401

Gross Claim	\$	104,514.69
Net Claim / Payment Amount	\$	104,514.69
YTD Amount:	\$	578,226.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00081192

Gross Claim	\$	20,041.89
Net Claim / Payment Amount	\$	20,041.89
YTD Amount:	\$	110,881.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.04475945

Gross Claim	\$	1,104,867.46
Net Claim / Payment Amount	\$	1,104,867.46
YTD Amount:	\$	6,112,661.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.04709859

Gross Claim	\$	1,162,608.11
Net Claim / Payment Amount	\$	1,162,608.11
YTD Amount:	\$	6,432,111.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00114772

Gross Claim	\$	28,330.97
Net Claim / Payment Amount	\$	28,330.97
YTD Amount:	\$	156,740.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.06000470

Gross Claim	\$	1,481,189.79
Net Claim / Payment Amount	\$	1,481,189.79
YTD Amount:	\$	8,194,657.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.08257806

<u>Gross Claim</u>	\$	2,038,403.32
<u>Net Claim / Payment Amount</u>	\$	2,038,403.32
YTD Amount:	\$	11,277,433.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

98514-2920

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.04380660

Gross Claim	\$	1,081,346.77
Net Claim / Payment Amount	\$	1,081,346.77
YTD Amount:	\$	5,982,533.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.01820997

Gross Claim	\$	449,505.15
Net Claim / Payment Amount	\$	449,505.15
YTD Amount:	\$	2,486,879.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00465179

Gross Claim	\$	114,827.40
Net Claim / Payment Amount	\$	114,827.40
YTD Amount:	\$	635,280.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.02010175

Gross Claim	\$	496,202.91
Net Claim / Payment Amount	\$	496,202.91
YTD Amount:	\$	2,745,233.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00833421

Gross Claim	\$	205,726.33
Net Claim / Payment Amount	\$	205,726.33
YTD Amount:	\$	1,138,177.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.04098935

Gross Claim	\$	1,011,804.19
Net Claim / Payment Amount	\$	1,011,804.19
YTD Amount:	\$	5,597,790.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00526954

Gross Claim	\$	130,076.29
Net Claim / Payment Amount	\$	130,076.29
YTD Amount:	\$	719,644.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00530874

Gross Claim	\$	131,043.93
Net Claim / Payment Amount	\$	131,043.93
YTD Amount:	\$	724,998.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00028844

Gross Claim	\$	7,120.02
Net Claim / Payment Amount	\$	7,120.02
YTD Amount:	\$	39,391.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00144265

Gross Claim	\$	35,611.18
Net Claim / Payment Amount	\$	35,611.18
YTD Amount:	\$	197,018.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00902863

Gross Claim	\$	222,867.79
Net Claim / Payment Amount	\$	222,867.79
YTD Amount:	\$	1,233,012.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00897556

<u>Gross Claim</u>	\$	221,557.78
<u>Net Claim / Payment Amount</u>	\$	221,557.78
YTD Amount:	\$	1,225,764.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.01497093

Gross Claim	\$	369,550.86
Net Claim / Payment Amount	\$	369,550.86
YTD Amount:	\$	2,044,533.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY CA 95992

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00455927

Gross Claim	\$	112,543.59
Net Claim / Payment Amount	\$	112,543.59
YTD Amount:	\$	622,644.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00188051

<u>Gross Claim</u>	\$	46,419.57
<u>Net Claim / Payment Amount</u>	\$	46,419.57
YTD Amount:	\$	256,815.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00060746

<u>Gross Claim</u>	\$	14,994.88
<u>Net Claim / Payment Amount</u>	\$	14,994.88
YTD Amount:	\$	82,958.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.01603484

Gross Claim	\$	395,813.02
Net Claim / Payment Amount	\$	395,813.02
YTD Amount:	\$	2,189,829.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00129364

<u>Gross Claim</u>	\$	31,932.94
<u>Net Claim / Payment Amount</u>	\$	31,932.94
YTD Amount:	\$	176,668.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.01421229

<u>Gross Claim</u>	\$	350,824.17
<u>Net Claim / Payment Amount</u>	\$	350,824.17
YTD Amount:	\$	1,940,928.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00425184

Gross Claim	\$	104,954.81
Net Claim / Payment Amount	\$	104,954.81
YTD Amount:	\$	580,660.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00255043

Gross Claim	\$	62,956.25
Net Claim / Payment Amount	\$	62,956.25
YTD Amount:	\$	348,304.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000107A
PAYMENT ISSUE DATE: 12/27/2010

TRI-CITY MENTAL HEALTH
2008 NORTH GAREY AVENUE

POMONA CA 91767

Allocation of Vehicle License Fees-Local Realignment, 2010-11 Mental Health Annual Base

Section 17604(B) Welfare and Institutions Code. To be deposited in General Fund for Mental Health Programs.
County match to the Mental Health Trust Fund is required.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 11/16/2010 TO: 12/15/2010

<u>Total amount collected:</u>	\$112,669,517.56	Percentage of collection:	0.21908821
Gross monthly apportionment:	\$24,684,562.92	County/City Ratio:	0.00534621

Gross Claim	\$	131,968.86
Net Claim / Payment Amount	\$	131,968.86
YTD Amount:	\$	730,115.54